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STATE OF HAWAR

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

LOBBYIST REGISTRATION FORM

PART I LOBBYIST	(Type of F	rint Clearly)	
NAME(Last)	(First)	(Middle)	TELEPHONE
		,	
CAREY,	WLLDAVID	P. .	(808) 921-6650
MAILING ADDRESS (Street)	,		FAX
2375 Kuhio Avenue			(808) 921–6655
(City)	(State)	(Zip	Code)
HONOLULU	HAWAII	96	6815
EMPLOYING ORGANIZATION (Fill in only	y if you are employed by a business en	ntity which has been retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LO	TELEPHONE		
OUTRIGGER ENTERPR	(808) 921-6650		
MAILING ADDRESS (Street)		FAX	
2375 KUHIO AVENUE	(808) 921-6655		
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96815	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		MENT TELEPHONE	
MAX J. SWORD		(808) 921-6606	
MAILING ADDRESS (Street)		FAX	
2375 KUHIO AVENUE		(808) 921-6655	
(City)	(State)	(Zip Code)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY Agriculture Education **Human Services** Science, Technology & **Economic Development** Communications & Government Operations & Intergovernmental Relations, Tourism & Recreation **Public Utilities** Finance International Affairs Consumer Protection & Hawaiian Affairs Labor & Employment Transportation Commerce Culture, Arts, Historic Health Planning, Land & Water Other: (indicate below) Preservation Use Management Ecology, Energy Housing Public Safety & Corrections **Environmental Protection**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
11/47 /2	1/24/05			
(Signature of Lobbyist)		(Date)		
	//			
PART V AUTHORIZAT	MON TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
W. DAVID P. CAR	EY PRESIDENT	AND CHIEF EXECUTIVE OFFICER TIVE		
NAME OF ORGANIZATION (if	applicable)	TELEPHONE		
OUTRIGGER ENTERPRISES, INC.		(808) 921+6650		
MAILING ADDRESS (Street)		FAX		
2375 KUHIO AVENI	UE	(808) 921–6655		
(City)	(State)	(Zip Code)		
HONOLULU.	/ HAWAII	96815		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.				
WARL	m W	1/24/05		
(Signature of Authorizing Officer or Person Represented)		ted) (Date)		

PART IV